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A 95MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Luc MARYLAND KILL COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) and give nearest thun) (in this place) OR TOWN TOWN STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) (Mlddle) 3. NAME OF (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) DEATH 19 / 7. SINGLE, MARRIED. 5. SEX: 6. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: | UNDER 1 YEAR | IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Monthal (Specify): Sugu Middle 10b, KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of 12. CITIZEN OF WILAT (State or foreign country): work done during most of work life, INDUSTRY: COUNTRY? even if retired): now 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: WAS DECEASED EVER IN U.S. ARMED FORCES? I7. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.: (Yes, nonor unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN a was traffed up stairs: I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immediate cause DUE TO Antecedent cause(s) (b) Diseases or conditions, if any. giving rise to the above cause DUE TO stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No E 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., 21c. (City or town) (County) (State) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 216. HOW DID INJURY OCCUR? 21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hour) Not wbile OF INJURY While at work [at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes [], Accident [Suicide [], Homicide [], Undetermined cause []. SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. NAME OF CEMETERY OR CREMATORY 28. BURIAL, CREMATION, DATE THEREOF LOCATION (City, town, or county) REMOVAL (Specify) : 24. FUNERAL DIRECTOR

BUREAU V. S.

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BECEINED

VS. A15A - 5 - 53

4955 MARYLAND STATE DEPARTMENT OF	HEALTH DATTIMODE 10	14957 Reg. Dist.
MEDICAL EXAMINER'S CER		No. 213
I. PLACE OF DEATH: COUNTY Out and MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Many County Justice	Can !
CITY (If outside corporate limits, write RURAL OR and give hearest town) TOWN! (In this place)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Love Paret Read	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Pakerta Cerus 1	Bastle 4. DATE (Month) (Day OF DEATH Way VI	(Year) - 19
Funale RACE: WIDOWED, DIVORCED, augustic	4 1- 1912 2 yrs. Months Da	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	me Stermorth Med	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME: Marie Elbern	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) The	17. INFORMANT & ADDRESS: Richard & Bayter Stewars	ille Mel
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s)	ath - Otomes Caught fire. ath - Staves -	INTERVAL BETWEE
giving rise to the above cause DUE TO		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
19m. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No 70
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 21b. PLACE (Home, farm, factory OF street, office bldg., etc INJURY	y, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work \(\begin{array}{cccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes [], Accisionature W. Natural Findler		
REMOVAL (Spesify):	RY OR CREMATORY LOCATION (City, town, or co	Very lock
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 24. FUNERAL DIRECTOR	. ADDRESS

DECENAED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1804958 4956 correct Reg. Dist. No. 215 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: The STATE / LIGHTAN COUNTY n carefully. T MARYLAND COUNTY / /leen CITY (If outside corporate limits, write RURAL, OR and give nearest town) LENGTH OF STAY propate limits, write RURAL and give nearest town) CITY (If outside. (in this place) TOWN relunce TOWN (If rural, give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS of information death clearly a (Year) 4. DATE (Month) (Day) (Middle) (Last) 3. NAME OF (First) OF DECEASED: 19 (Type or Print) DEATH: 9. AGE last birthday: | IN UNDER I YEAR | IF UNDER 24 HES 8. DATE OF BIRTH: 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED Days Hours RACE: Lonths | (Specify): ung le Kuwala 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of | 10b, KIND OF BUSINESS OR ACE (State or foreign country): Supply every item write the causes of COUNTRY? work done during most of working life, even if retired): INDUSTRY: 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: 17. INFORMANT & ADDRESS: FOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN INK. I. DISEASES OR CONDITIONS DIRECTLY TEADING TO DEATH ONSET AND DEATH 14.23,44 (8)..... Immediate cause UNFADING Physicians: 1 DUE TO Antecedent cause(s) MARGIN (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: LY, WITH I Conditions contributing to the death but not related to the disease or condition causing death, 20. AUTOPSY? 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: Yes No 🗆 PLAINLY. (COUNTY) (STATE) (CITY OR TOWN) PLACE (Home, farm, factory, street, 21. ACCIDENT (Specify) SUICIDE OF office bldg., etc.) especially INJURY HOMICIDE HOW DID INJURY OCCUR? INJURY OCCURRED (Day) (Year) (Hour) TIME (Month) While at Not while at work work INJURY to that I last saw the deceased 19.00 WRITE age is ea 22. I hereby certify that I attended the deceased from alive on. (DEGREE OF RITLE) ADDR SIGNATURE LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY DATE THEREOF 23. BURIAL, CREMATION 0 REMOVAL (Specify): mugh PLE 24. FUNERAL DIRECTOR SIGNATURE DATE REC'D BY LOCAL

DECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4957

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

FOR MEDICAL	EXAMINERS	Reg. Dist.	No. 251
1. PLACE OF DEATH. COUNTY July Grand MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	NTY
CITY (II outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) fin this piace)	CITY (If outside corporat	te limits, write RURAL and	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If gural, give location	7
3. NAME OF DECEASED (First) (Middle) Me (Type or Print) Andrew	(Last)	4. DATE (Month) OF DEATH	(Day) (Year) 26 186
5. SEX 6. COLOR OR RACE 7. SINCLE, MARRIED, WIDOWED, DIVORCED. (Specify)	BONTE OF BIRTH	9. ACE last birthday II (the Mont	der 1 year If under 24 hrs hs Days Hours Min-
10a. USUAL OCCUPATION (Give kind of wark done during most of working life; even if retired) INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT
13. FATHER'S NAME Controver	14. MOTHER'S MAIDEN	NAME weeker	own
15. WAS DECRASED EVER IN U.S. AHMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Frank 130	verice m	any dal mo
Is. MEDICAL CEI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause fast (c)	in bed-Fa	om history	INTERVAL BETWEEN ONBET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			Yes No
21. EXTERNAL CAUSE WAS PRIMARY OS CONTRIBUTING OF OF office bldg., etc.) [CAUSE OF DEATH.]	(CITY OR TO	OWN) (COUN	TY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while NUURY at work at work	HOW DID INJURY OCC	CURT	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decernation in notural causes of a occident in suicide in homicide in SIGNATURE. W. Thermy Fraher M. L.	ased died on the dry stated undefermined ADDRESS	obore, and death in n	DATE SIGNED
DATE REC'D BY LOCAL I RECUSTRAT'S SIGNATURE	- 4 4		County) (State) ADDRESS
REG. 5/28/55 Edgar o. odne	a.E. Becel	rid Afreene	Almon med.

PECELVED V. S. BUREAU V. S.

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MARYLAND	STATE DEPARTMENT	OF HEALTH—	BALTIMORE, 18	04960
4,950	CERTIFICATE	OF DEATH	Reg. Dist	L. No. 251
1. PLACE OF DEATH:		2. USUAL RESIDENCE	E (HOME) OF DECEASE	D:
I. PLACE OF DEATH: COUNTY OULD AN CITY (If outside corporate limits, w OR and give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (First) DECEASED: (Type or Print) 5. SEX: [6. COLOR OR 7. 5IN	MIS MARYLAND	STATE MA	COUNTY OLL	unanne
CITY (If outside corporate limits, w	rite RURAL LENGTH OF STAY (in this place)	OR CITY(If outside corpo	orate limits, write RURAL	and give nearest town)
X TOWN Rural Sudl	nsulls	TOWN Clare	el budlerse	ille X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give location)	/
3. NAME OF (First) DECEASED: CFAR	CF 4 T/	ABI)	OF A	(Day) (Year)
RACE: // WII	DOWED, DIVORCED.	0F BIRTH: 9. AC	GE last birthday IF UNER 1	19 55 YEAR IF UNDER 24 MRS. Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during post of working life even if retired)	108. KIND OF BUSINESS	M. BIRTHPLACE (State	e or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	un	14. MOTHER'S MAIDE	N NAME:	<i>M</i> (7)
15, WAR DECEASED EVER IN U.S. ARMED FOR	CES? 18. SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS:	0.0
(Yes, no, or unk.) (If Yes, give war or d of service)	ates 2/3-03-0/18	may send	filler full	breville
I DISEASES OR CONDITIONS DIREC	18. MEDICAL CERTIFICATION	ON OO		INTERVAL BETWEEN
177X	(a) Sylone	plints		9 huntly
ANTECEDENT CAUSE (\$)	DUE TO	0 F0-		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO	us of the p	rostate	,
	(C)			
II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED	S CONTRIBUTING			
DISEASE OR CONDITION CAUSIN				
19a. DATE OF OPERATION: 198. MA	JOR FINDINGS OF OPERATION		E Diller N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		ry. 21c. WHERE DID	(City or town) (Coun	nty) (State)
2ID. TIME (Month) (Day) (Year) (Ho OF INJURY	While Not while at work	21F. HOW DID INJU	RY OCCUR7	
22. I hereby certify that I attende	ed the deceased from aug	1, 1954 to way	2 19 that I las	t saw the deceased
alive on may 2, 1955	, and that death occurred at	1 (0 D		stated above. TE SIGNED
23. BURNAL, CREMATION, DATE THE	NAME OF CEMETER	<u> </u>	LOCATION (City town, o	
DATE REC'D BY LOCAL REGISTRAR G-24	RAR'S SIGNAPORE	24. PINGRAL DIREC	To the land he	ADDRESS 1
0 47 100	7	our 7	- 114	The state of the s

DECEIVED V. S. JUN 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4959

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

			and regards	Bh 190 m. fail de
1. PLACE OF DEATH-	Aune MARYLAND	2. USHAL RESIDENCE (H	CC	DUNTY Queen Anne
OR give nearest town)	ite RURAL and LENGTH OF STAY (in this place)	OR TOWN	te limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give locat	ion)
3. NAME OF DECRASED (First) (Type or Print)	(Middle)	Walker	4. DATE (Mont	(= -5)
Female Whit	WIDOWED, DIVORCED (Specify)	April 2, 1900	55 yrs. M	under I year II under 24 hrs. onths Days Hours Min.
done during most of working life, even if		11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
Jereniah Clark		Catherin	c Thowa:	
15. WAS DECRASED EVER IN U.S. ARMEI (Yes, no, or unknown) (If yes, give war service)	or dates of 7-18-30-7.276	NECC Lo	ADDRESS lita Comeqy	٤,
	18. MEDICAL CE	RTIFICATION	37	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIR	ECTLY LEADING TO DEATH	 		ONSET AND DEATH
Immediate cause	(a) Carcinome	0513	**************************************	One pr.
Antecedent cause(s) Diseases or conditions, if any.	(Cystadenocorci	mome of a	vary	1/2 yrs.
giving rise to the above cause stating the underlying cause las	<u>t</u> (c)			
11. OTHER SIGNIFICANT CONDITI Conditions contributing to the death related to the disease or condition cau	sing death.			
19a. DATE OF OPERATION 19b. M	IAJOR FINDINGS OF OPERATION			20. AUTOPSY?
or ACCIDENTS (Secretor)	PLACE (Home, farm, factory, street,	: (CITY OR T	OWN) /COL	Yes No D
21. ACCIDENT (Specify) SUICIDE HOMICIDE	OF office hidg., etc.) INJURY			INTY) (STATE)
TIME (Month) (Day) (Year) OF INJURY	(Hour) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OCC	CURI	
22. I hereby certify that I atter	ded the deceased from Sept-	, 1953, to May 2	8 1955 that I	last saw the decorated
alive on May 28 , 19.		. 20 - /		ate stated above.
SIGNATURE ON THE	Lin Ir. 248	Queenslow	Jud.	5/28/55
23. BURIAL CREMATION DATE REMOVAL (Specify)	THEREOF NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town, o	r county) (State)
DATE REC'D BY LOCAL REGIS	THAR'S SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
REG 71/2/13/-57 Cot	x le l'inverse	1 Section B	co centier	elle Warnland

MARGIN RESERVED FOR BINDING

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

DE VIEDEN See 7 NUL S. V UABAUA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1		CERTIFICATE OF DEATH Reg. Dist.	No. 051
86	carefully legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED):
17	carefull legibly.	COUNTY Queen Unne MARYLAND STATE Marylandunty Quee	w/lnue
	-	OR pagive neares (town) Lin this place) OR CITY(If outside to provide limits, write RURAL at this place)	nd give nearest town)
	tion	XIOWN Jarclay / Gro. IOWN Jarclay	X
M	information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS None STREET ADDRESS ORE (If rural give location)	/
/	f in	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED:	Ony) (Year)
	m of i	(Type or Print) LOUIS H. WATKINS DEATH: 3	19 55
· ·	A 4	Male 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9, AGE last birthday IF UNDER I VI Months De Months	EAR IF UNDER 24 HRS. Bys Hours Min.
0	causes	10A. USUAL OCCUPATION (Give kind of working life. OR INDUSTRY: Byen if httire was one. None. 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY
Z	oly e c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	· s.a.
BINDI	Supply ite the c	albert Watkins adding Brotche	บ
	K. Su write	18. WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	100
FOR	IN	of service) 220-26-218d acla Wathers Wil	. Wel.
8	NG	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
RESERVED	IQ.	180 X CAUSE (A) Neo plasm R. Kidney	year
E	UNF	ANTECEDENT CAUSE (S)	
	93	DISEASES OR CONDITIONS, IF ANY, (B)	
ARGIN	ITH Phy	STATING UNDERLYING CAUSE LAST.	
AR	W nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Σ	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	N	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	7		YES NO TH
		21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 1NJURY OCCUR?	y) (State)
44	> 10	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	-	22. I hereby certify that I attended the deceased from hay 9, 1944, to fee 17, 1955, that I last	saw the deceased
20	TYPE 0 rect age	alive on	stated above.
- 10		SIGNATURE STATE AND M.D. Millington his S-/	e signed
100	PLEASE cor	BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or Burial Specify)	county) (State)
S. A	PLF	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS
>		19/33 (Agav A. Nane) y. G. Noulses) Dreenslo	ro, med.

BUREAU V. S.

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BECEINED